

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Approval OMB Number: 3235-0076 Expires:November 30, 2001 Estimated average burden hours per response 16.00

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NOTICE OF SA	LE OI	SECURIT	ries

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Serial						
ECEIVED						

Name of Offering (☐ check if this is an ame	•	ged, and indicate chang	e)		
Mean In New York Limited Liability C	ompany				
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	☑ Rule 506 □ 5	Section 4(6) 🔲 U	LOE	\wedge
Type of Filing:	☐ Amendment □	ST AVAILAB	LE COPY		
	Dt	91-1-1-11		E	RECEIVED
	A. BASIC	DENTIFICATION	DATA		HECEIAGO
1. Enter the information requested about the	issuer				T 4 1 2006 >>
`	mendment and name has ch	nanged, and indicate ch	ange.)	REGIL	203
Mean In New York Limited Liability C	ompany				645077
Address of Executive Offices (Number and School Running Subway LLC 214 West 43rd Street, Fourth Floor, New Yor				Telephone Number (212) 556-4704	(Including/Area Code)
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, St	ate, Zip Code)		Telephone Number	(Including Area Code)
Brief Description of Business To produce,	present and manage the Bro	oadway production ent	itled "Dr. Seuss' H	ow The Grinch Stol	e Christmas!"
Type of Business Organization					
□ corporation	limited partnersh	nip, already formed	⊠ othe	er (please specify) L	imited Liability Company
☐ business trust	☐ limited partnersh	nip, to be formed			
	•	Month	Year		-
Actual or Estimated Date of Incorporation or	Organization:	0 7	0 6	_ ⊠ Actual □ I	Estimated
Jurisdiction of Incorporation or Organization CN for Canada; FN for other foreign jurisdic		I Service abbreviation	for State;	N	Y
GENERAL INSTRUCTIONS					
Federal:					
Who Must File: All issuers making an offering of sec	urities in reliance on an exempt	tion under Regulation D o	Section 4(6), 17 CFF	R 230.501 et seq. or 15	U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 the earlier of the date it is received by the SEC at the certified mail to that address. Where to File: U.S. Securities and Evaluate Committee	days after the first sale of secur address given below or, if recei	rities in the offering. A not ved at that address after th	ice is deemed filed wi	ith the U.S. Securities a	and Exchange Commission (SEC) on

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the

appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) RS Green Company, Limited Liability Company Business or Residence Address (Number and Street, City, State, Zip Code) 214 West 43 rd Street, Fourth Floor, New York, NY 10036
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sanna, James
Business or Residence Address (Number and Street, City, State, Zip Code)
214 West 43 rd Street, Fourth Floor, New York, NY 10036
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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B. INFORMATION ABOUT OFFERING															
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE								Yes □	No ⊠						
2. What is the minimum investment that will be accepted from any individual?										\$No Minimum					
3. Does the offering permit joint ownership of a single unit?									Yes ⊠	No □					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
Full Name (La N/A	st name fi	rst, if indi	vidual)				-			· · · ·					
Business or Re	sidence A	ddress (N	umber and	Street, Ci	ty, State,	Zip Code)									
Name of Associated Broker or Dealer															
States in Whic									or check	individual FL	States)			All States	
	□ AL □ IL	□ AK □ IN	□ AZ □ IA	□ AR □ KS	□ CA □ KY	□ CO □ LA	□ CT □ ME	□ DE □ MD			□ MN		□мо		
	□ MT □ RI	□ NE □ SC	□ NV □ SD	□ NH □ NT	□ NJ □ TX	□ NM □ UT	□ NY □ VT	□ NC □ VA	□ ND □ WA	□ WV	□ ok □ wi	□ OR □ WY	□ PA □ PR		
Full Name (La N/A Business or Re			·	Street, Ci	ty, State, 2	Zip Code)									
Name of Associ	ciated Bro	ker or Dea	iler												
States in Whic	h Person I	isted Has	Solicited	or Intends	to Solicit	Purchaser	s(Check ".	All States"			States)			🗆 All States	
	□ AL	□ AK	□ AZ	□ AR	□ CA	СО	□ CT	□ DE			□ GA	□ HI □ MS	□ ID □ MO		
	□ IL □ MT	□ IN □ NE	□ IA □ NV	□ KS □ NH	□ KY □ NJ	□ LA □ NM	□ ME □ NY	□ MD	□ MA □ ND	□ MI □ OH	□ MN □ OK	□ OR	□ MO		
	□ RI	□SC	□SD	□ TN		UT	□ VT	□ VA	□ WA	□ WV	□ WI	□WY	□ PR		
Full Name (La	st name fi	rst, if indi	vidual)									. <u>.</u>			
N/A			·												
Business or Re	esidence A	ddress (N	umber and	Street, Ci	ty, State,	Zip Code)									
Name of Associated Broker or Dealer															
· · · · · · · · · · · · · · · · · · ·									All States						
	□ AL □ IL	□ AK □ IN	□ AZ □ IA	□ AR □ KS	□ CA □ KY	□ CO □ LA	□ CT □ ME	□ DE □ MD	□ DC □ MA	□ FL □ MI	□ GA □ MN	□ HI □ MS	□ ID □ MO		
	□MT				□ NJ	D NM			□ ND	□ОН	□ ok	□ OR	□ PA		
□RI □SC □SD □TN □TX □UT □VT □VA □WA □WV □WI □WY									□ PR						
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_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Alread Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Limited Liability Company Membership Interests)	\$7,000,000.00	\$0.00
	Total	\$7,000,000.00	\$0.00
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dolla Amount of Purchase
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE	0	\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Rule 304		
,	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this		\$
4.	offering. Exclude amounts relating solely to organization expenses of the issuar. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
			Dollar
	Type of Offering		Amount Sold
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$

Accounting Fees

Engineering Fees

Sales Commissions (Specify finder's fees separately).....

Other Expenses (identify)

□ \$

□ \$

\$0.00

•,	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND	USE OF PRO) CE	EDS
4. b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to this suer."		\$7,000,000.00		-
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to t left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set in response to Part C - Question 4.b above.	he			
			Payments to		
			Officers,		
			Directors, & Affiliates		Payments to Others
	Salaries and Fees			Ø	\$2,733,351.00
	Purchase of real estate		\$		S
	Purchase, rental or leasing and installation of machinery and equipment		\$	\boxtimes	\$50,000.00
	Construction or leasing of plant buildings and facilities		\$		S
	Acquisition of other businesses (including the value of securities involved in this offering that				
	may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness		\$		\$
	Working Capital		\$	\boxtimes	\$627,679.00
	Other Advertising and Publicity; Bonds and Royalty Advances; Operating Losses; Misc. Production Costs; Estimated Development Costs, etc		\$	Ø	\$3,588,970.00
	Column Totals		\$	\boxtimes	\$7,000,000.00
	Total Payments Listed (column totals added)	_	\$0	\boxtimes	\$7,000,000.00
	D. FEDERAL SIGNATURE				
			1 606 1 611 1		
an und	suer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed the ertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its credited investor pursuant to paragraph (b)(2) of Rule 502.	inder Ri staff, th	e information furnish	g signa ed by	the issuer to any
Issu	er (Print or Type) Signature/	ate			
	AN IN NEW YORK LIMITED BILITY COMPANY	10	-9-06	l	
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)		.		
Jam	es Sanna Authorized Managing Member of Issuer				
	ATTENTION				
			- 1011000		
	Intentional misstatements or omissions of fact constitute federal criminal violat	ions. (S	See 18 U.S.C. 1001	.)	

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